

# CLAIMS ONLY

Application Number

10/803146

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14		/				
15		/				
16			/		/	
17			/		/	/
18			/		/	/
19			/		/	/
20			/		/	/
21			/		/	/
22			/		/	/
23			/		/	/
24			/		/	/
25			/		/	/
26			/		/	/
27			/		/	/
28			/		/	/
29			/		/	/
30			/		/	/
31			/		/	/
32			/		/	/
33			/		/	/
34			/		/	/
35			/		/	/
36			/		/	/
37			/		/	/
38			/		/	/
39			/		/	/
40			/		/	/
41			/		/	/
42			/		/	/
43			/		/	/
44			/		/	/
45			/		/	/
46			/		/	/
47			/		/	/
48			/		/	/
49			/		/	/
50			/		/	/
Total Indep						
Total Depend						
Total Claims						

  

	Indep	Depend	Indep	Depend	Indep	Depend
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
57		/		/		/
58		/		/		/
59		/		/		/
60		/		/		/
61		/		/		/
62		/		/		/
63		/		/		/
64		/		/		/
65		/		/		/
66		/		/		/
67		/		/		/
68		/		/		/
69		/		/		/
70		/		/		/
71		/		/		/
72		/		/		/
73		/		/		/
74		/		/		/
75		/		/		/
76		/		/		/
77		/		/		/
78		/		/		/
79		/		/		/
80		/		/		/
81		/		/		/
82		/		/		/
83		/		/		/
84		/		/		/
85		/		/		/
86		/		/		/
87		/		/		/
88		/		/		/
89		/		/		/
90		/		/		/
91		/		/		/
92		/		/		/
93		/		/		/
94		/		/		/
95		/		/		/
96		/		/		/
97		/		/		/
98		/		/		/
99		/		/		/
100		/		/		/
Total Indep			2		2	
Total Depend			240		44	
Total Claims			242		46	